

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>BJ</i>	<i>32</i>	<i>11/13</i>
FORMALITY REVIEW	<i>BZ</i>	<i>TC 3-883</i>	<i>12-27-00</i>
RESPONSE FORMALITY REVIEW	<i>JK</i>	<i>835</i>	<i>04/19/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>6/11/5</i>
2	<i>6/11/5</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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